UCSF NEWS

The Art of Giving

Helping others is a major function of the UC Hospitals Auxiliary, the Volunteers, the UC Faculty Wives, and the UC Doctors' Wives' Association. Patients and students are the concern of these organizations and their record of service to others is impressive.

The Auxiliary dedicates its efforts to patients. Personal comforts, patient-care aids, and necessary pieces of special equipment are on the long list of gifts given by the Auxiliary to the UC Hospitals . . . "items that humanize patient care" is the way Auxiliary President, Kay Audy summed it up.

"The Auxiliary at UCSF," she explained, "fills real needs because it can provide comforts and extras that stringent budgets for medical services cannot include. Occasionally, we do donate scientific equipment, too, if it extends direct patient-care services."

Membership in the Auxiliary is open to all and Mrs. Audy would like to see the list of members increase from the present 300 to many, many more members . . . "The demands for help have increased far more rapidly than can be filled by this relatively small group. We need membership growth," noted Mrs. Audy, "to fulfill some of the projects on the agenda for the future . . . such as a meditation room for the families of patients."

Each year, the UC Hospitals Auxiliary sponsors several fund raising events, including a fashion opening at Sassoon's, a rose festival day, and a gift sale. The money from these activities and from membership dues allows the Auxiliary to provide items throughout the hospitals and clinics to areas of special need as determined by review.

Under chairmanship of Mrs. Barbara McCormick, the Art Committee produces revenues for the Auxiliary through the sale of prints and paintings displayed in the Moffitt Hospital lobby. The Auxiliary receives 25 percent of the artist's asking price. The exhibits are changed each month.

A Few of the Auxiliary's Gifts

The impact of the Auxiliary is visible everywhere in the UC Hospitals. Furnishings in the patient admitting area, the Emergency Service, and three solaria have erased the institutional palor. Green plants supplied and cared for by Auxiliary members add cheer to many areas of the hospitals. Items to bring personal comfort to patients of all ages include hair dryers, electric shavers, rocking chairs for mothers of tiny patients, water carafes, baby layettes, and hand puppets. A kitchen stove and utensils were purchased by the Auxiliary and given to the Rehabilitation Unit at UCSF so that paraplegic patients can learn to function again in a kitchen and become more independent. Roll-away beds for the Care-Through-Parent program in the pediatric service enables mothers of youngsters to remain at the hospital day and night. Prints of famous paintings are made available to patients, who may select a Van Gogh or Rembrandt or Picasso to brighten their room. Prism glasses and electric book-page turners for those who must spend weeks on their backs in bed, toys, and a defibrillator for Moffitt Emergency service are all part of the diversified and unending list of needs that have been filled.

Tom Walters

Mrs. Kay (Ralph) Audy, President of the UC Hospitals Auxiliary, shares the enthusiasm of other Board members in their drive for new members.

Director of Hospitals and Clinics at UCSF, Mr. Robert A. Derzon, is deeply appreciative of the support given by Auxiliary members. From his perspective he sees them as having one thing in common . . . "their dedication to humanity and the contributions they make to life and health by belonging to and being active in the UC Hospitals Auxiliary."

"Not only has the Auxiliary provided significant financial support during the past ten years," he noted, "but they comprise an influential group of San Francisco and Bay Area citizens who are concerned about and dedicated to furthering patient care programs of this important teaching-hospital center."

Referring to membership activity, Mrs. Audy emphasized that both helping hands and money are essential to the Auxiliary's efforts. "We realize that there are those who do not have time to participate directly in projects but that is not necessary to belong to the Auxiliary. Some members are active in committee work, but all kinds of support are welcome, whether it is participating in a project, helping to raise funds, or just maintaining membership."

The Auxiliary, founded in 1960 under the impetus of Mrs. Fred Bloch and Mrs. Frank H. Fries, also buys uniforms for another campus service organization . . . the Volunteers. The Annual Tea and award badges for volunteers, as well as cooperative activities, are Auxiliary funded. Many Auxiliary members belong to the Volunteers.

The Volunteers

The Vounteer organization was founded at almost the same moment as the Auxiliary and by the same sponsors. Encouraging the Mesdames Bloch and Fries in their efforts to initiate the Volunteers was Dr. Leon Goldman, Professor of Surgery at UCSF.

The men and women who give their time and services to bring comfort to others are among UCSF's most treasured assets. Students, office workers, businessmen, housewives, retired teachers, and many others with a variety of skills and professional training are on the daily schedule to help wherever help is needed most. Those who are occupied during the day,

serve as volunteers in the evening or on weekends. A recent innovation, validated parking, is helpful to all volunteers no matter what hour they schedule.

Edith Hough is a retired secretary. She raised a family and now baby-sits for a daughter . . . but with a stipulation . . . one day a week is her own to spend at UCSF where she has been a volunteer for the past three years.

"I love it," Mrs. Hough remarked softly. "Mostly I just visit with patients and listen to them talk about their problems."

Peder Dahl does his volunteer work at home. He makes hundreds of name tags in his basement workshop. His wife is the liaison between home and hospital, picking up lists of names at the UCSF Medical Center which are returned to the Volunteer Office stamped on pins. She also is a volunteer and is assigned as a hostess in the admissions office.

Bill Stumph spends three days a week helping in the pediatric play room and answering telephones at nursing stations on any floor that is shorthanded.

A graduate of Notre Dame and an experienced marketing analyst, Rick Strack worked nights in the surgery during the past year and now he is applying for admission to medical school. The Cancer Research Institute clinic gets a volunteer's skills in the laboratory when additional help is needed; and the mother of five youngsters soothes the cares of young leukemia patients, drawing upon experience with her own leukemic child.

Each summer a special program for students adds young people to the UCSF volunteer activities. They bring with them the enthusiasm of youth and many find direction and inspiration for themselves. This past summer, 90 young people gave about 10,000 hours of service to patients in the UC Hospitals.

"Unselfish and good people . . ," is the phrase used by Mrs. Betty Cunningham, Director of Volunteer Services when she refers to those who are volunteers. "Meeting them is a personal pleasure for me and the opportunity to match their needs with our needs at UC is a rewarding experience," she confided. "We could use additional volunteers.

"I believe Dr. Stafford Warren said it beautifully," recalled Mrs. Cunningham, who began her career in Los Angeles during the period when Dr. Warren was Dean of the School of Medicine at UCLA. "He used to say that the volunteer worker is a link between the community and the medical center it serves."

Mrs. Audy, who is active in both organizations, describes the Auxiliary's efforts as "direct help through raising funds" . . . anyone can make a donation to provide items . . . and that of the Volunteers as "in-service to patients" . . . delivery of flowers, doing tasks on assignment in the Emergency Service or Surgery, or filling in for a few hours here and there at reception desks in the clinics. The women in green pinafores and smocks and the men in green jackets provide services that a busy staff often does not have time to give.

Both the Auxiliary and the Volunteers welcome members from the community as well as from among the faculty and employees at UCSF.

The UC Faculty Wives

Two other service-oriented organizations at UCSF are the UC Faculty Wives' Association and the Doctors' Wives' Association. Restrictive in membership, as their organization name implies, their activities are both social and philanthropic.

Mrs. Marilyn Carman is currently President of the Faculty Wives. She explained that the organization was formerly called the Doctors' Wives but in 1970 the name of the fifty-year-old organization was changed. That year also marked the beginning of a major fund-raising project for student aid, the Phantom Fund, which is designated for senior students in any of the four schools. Last year, their letter-campaign added $3350 to this Fund. Book reviews, bridge meetings, and lectures . . . such as the one on "House Plants for Purple Thumbs" and several campus-oriented topics . . . are part of a general program to help new faculty members become acquainted with the University's San Francisco medical center.

A luncheon and silent auction held by the Faculty Wives during one of their six annual meetings helps to raise money for special projects, among which is the Foreign Scholars Loan Closet from which foreign students may borrow household items during their enrollment at UCSF.

The Faculty Wives group has both active and honorary membership and extends courtesy invitations to other campus organizations, as stipulated by the Board of Directors. Women faculty members and the wives of faculty members holding academic appointments in any of the Schools are eligible to become members . . . and there are other eligibility accommodations for the wives or widows of retired faculty or administrative officers. Honorary membership also includes women Regents or the wives of Regents who reside in the Bay Area.

The Doctors' Wives' Association

President of the Doctors' Wives' Association, formerly designated the Junior Doctors' Wives, is Mrs. Tina Bartlett. The activities of this group are generated by the fact that members are the wives of interns, residents, and fellows. Most are newcomers to the area and are temporary, remaining one, two, or three years. The Association tries to ease this transition period by supplying information about housing, shopping, and entertainment facilities, restaurants, schools, and community resources.

Their monthly newsletter, *The Wives' Tale,* circulates information to keep members informed about activities of the "clubs" within the Association. These include the Book Club, Bridge Club, Walking-Tours Club, and the Gourmet Club. The Baby-sitting Co-op is a reciprocal group for those with young children.

Fund raising events support activities selected by the Board members as special projects. The pediatric clinic at San Francisco General Hospital, for example, was decorated by members of the Doctors' Wives, and they also worked to provide the slide and sandbox, there, outside the clinic entrance. One year, contributions were made to a Vietnamese orphanage and money has been given, in the past, to the Urban Indian Center. Members of the Association also join with the Volunteer Service to make many of the hand-puppets given to children who are patients at UCSF. The whole puppet program was originated by Auxiliary members.

"We like to cooperate with other campus groups, too," said Mrs. Bartlett, "there are more needs than any one group can fill."

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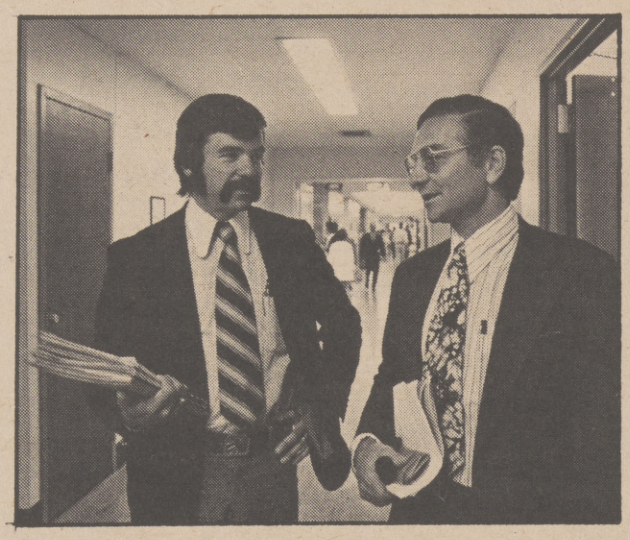
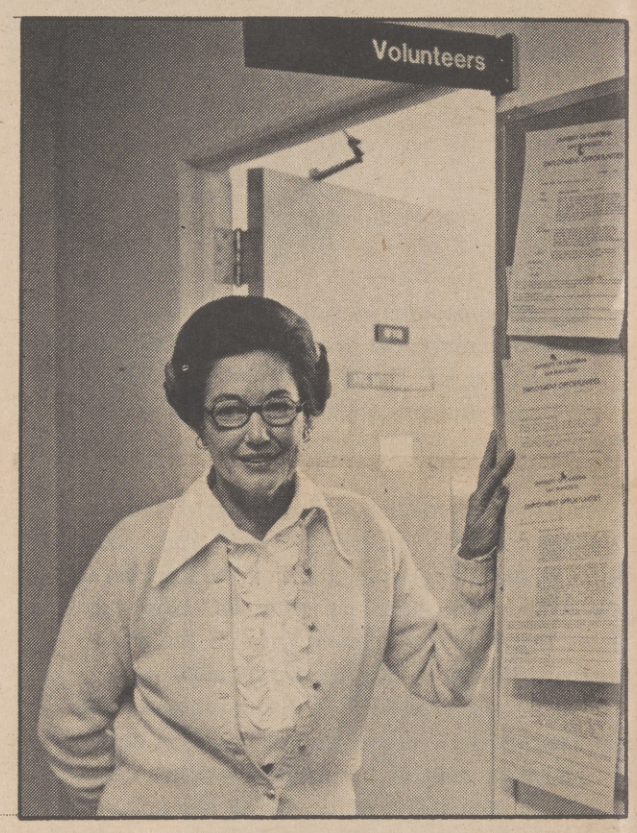


William G. Gonzalez, Assistant Hospital Administrator and Robert A. Derzon, Director of Hospitals and Clinics at UCSF work closely with the UC Hospitals Auxiliary Board of Directors. They are also members of the Auxiliary.



Mrs. Betty Cunningham, Coordinator of Volunteer Services, maintains a busy schedule directing the activities of approximately 200 volunteers who help wherever help is needed in the Herbert C. Moffitt and UC Hospitals.

For further information telephone:
Mrs. Kay Audy . . . . . 666-4137 (Auxiliary)
Mrs. Marilyn Carman . . . 344-5394 (Faculty Wives)
Mrs. Cheryl Lawrence . . 586-5640 (Doctors' Wives')
Mrs. Sandra Simon . . . . 665-9674 (Doctors' Wives')
Mrs. Betty Cunningham . . . . 666-1196 (Volunteers)

Volunteer, Mrs. Claire Liska, spends one day a week as librarian of the patients circulating book service. The "library" is housed beneath steam pipes in a corner of a storage room under Moffitt Hospital. All books are donated. Mrs. Liska processes new acquisitions and maintains the card file of books checked out by patients from a mobile unit that other volunteers circulate on hospital floors.

Enthusiasm is evident in the smiles of Betsy McAuliffe and Linda Watson, shown here with the Gift Cart from which patients may purchase candies, cosmetics, magazines, etc. Betsy and Linda are students at Mercy High School and are volunteers at UCSF during holidays and summer vacation.

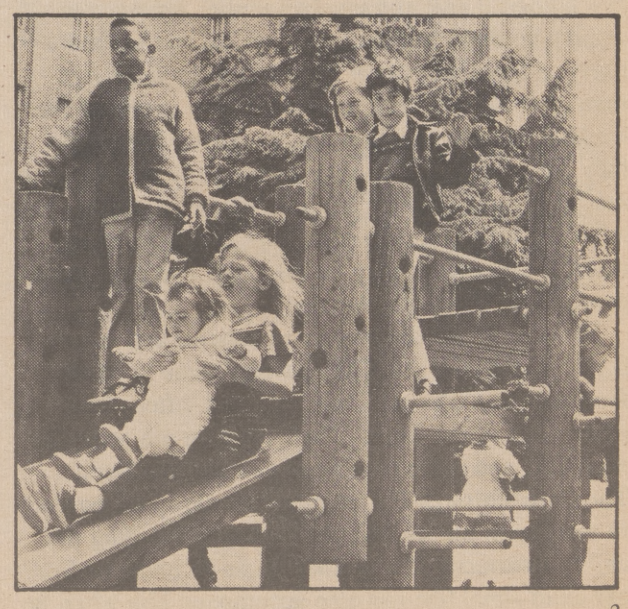
Mrs. Marilyn (Charles T.) Carmen, President of the UCSF Faculty Wives Association.

T. Carmen

Mrs. Dora (Piero) Mustacchi is a member of both the Auxiliary and the Volunteers. A native of Florence, Italy, and a graduate of UC Berkeley, Mrs. Mustacchi uses her professional training in Social Work to counsel patients in the Hypertension Clinic. She participates, also, in the Auxiliary's special projects such as the Rose Festival and the gift sale, and was chairman of the Volunteer Services Bureau.

photos by
Tom Walters

Cooperating with other groups, the UCSF Doctors' Wives' Association were instrumental in the installation of a slide, sandbox, and exercise bars just outside of the pediatric clinic at SFGH.



Care-Through-Parent

A film about the "Care-Through-Parent" program at UCSF is an entry in the San Francisco International Film Festival (category of Health and Medicine) starting in October.

Sponsored by the Nursing Research Development Project, the film about the Care-Through-Parent program was made on the 6-bed pediatric service of Moffitt Hospital. The Communications Office for Research and Teaching (CORT) provided the technical skill. Jonathan Flaccus was film director, editor, and cameraman, and the sound was directed by Richard Beindorf. Mrs. Hardgrove is the commentator. Featured with the children and parents are UCSF personnel: senior staff nurses Estrella Manio and Pat Shields; Director of UCSF Hospitals and Clinics Robert A. Derzon; Melvin M. Grumbach, M.D., Chairman of the Department of Pediatrics; Peter Cohen, M.D., Chairman of the Pediatric Unit Advisory Committee; and Barbara Wallace, pediatric social worker.

The film demonstrates how parents can be integrated into the life of a pediatric unit to aid in the physical and emotional care of their hospitalized children—even in an institution hampered by lack of funds, space, and rooming-in accommodations for parents. Proceeding on the premise that parental support is vital to the psychological well-being of the very young, hospitalized child the entire professional staff and the parents interact to the benefit of all concerned—especially the young patient.

Mrs. Carol B. Hardgrove, Assistant Clinical Professor of Nursing, with Mary Tesler, Lecturer in Graduate Maternal-Child Nursing, helped launch the innovative program in December, 1970. They worked with staff members on the unit to surmount obstacles to rooming-in of parents. The cooperation of the Pediatric Unit Advisory Committee, the nursing staff, and hospital administration made possible what has since become an integral part of the pediatric program. Using the limited facilities that were already available, they received permission to convert the children's playroom into a parent dormitory at night. The UC Hospitals Auxiliary donated the money to buy roll-away beds.

Mrs. Hardgrove, who has written a book entitled *Parents and Children in the Hospital,* points out that numerous research studies have documented the tragic and far-reaching effects of depriving young, hospitalized children of the continuing warmth and familiar care of a mothering person. Separation is the traumatic factor, particularly to children under 5 years of age.

"Hospitalized children between the ages of seven months and five years are particularly vulnerable to psychological risk and need a familiar presence to avoid emotional trauma," she says. "They are more likely to have behavioral disorders after discharge than are older children, no matter how excellent the medical and nursing care and no matter how well they are prepared. The very young child cannot master his anxieties by himself. When his mother is admitted with him, sickness, pain and frightening medical procedures may be tolerated and long-term psychologic problems avoided."

Because of the diagnostic, treatment, and research facilities centered at UCSF, parents come to Moffitt Hospital from all over California and, often, from other parts of the world. Their children are generally very sick, and some have been sick all their lives. The Care-Through-Parent program allows the parents to work with nurses and physicians in handling the child's treatment. If a mother wants to bathe or feed her child—fine! She can also accompany him when he undergoes tests and treatments and can indicate his food likes and dislikes. And, most crucially, her soothing presence can allay his night-time fears.

Many letters from grateful parents attest to the success of the program. One mother described her experience when her small daughter was hospitalized for investigation of a heart condition and had to undergo cardiac catheterization: "I felt very much at home in the playroom. The toys, crayons, dolls and trucks were just like home. The only time my baby cried was when she was stuck with a needle. Actually, the experience was enriching for her and probably will help her to face unusual situations in the future."

Mrs. Hardgrove says that the playroom-by-day and bedroom-by-night living arrangements does not offer all the comforts of home but that it works in achieving its goal—the minimizing of psychological stress. She points out that in 1968, only 28 of 5,000 general hospitals and only 20 of 132 children's hospitals had facilities allowing rooming-in for parents, and those figures are little improved today.

Mrs. Hardgrove believes that the film will aid other pediatric services to adopt a similar program. They may improvise as Moffitt Hospital did, rather than to wait until funds and accommodations are available to build facilities that are "just right." The hospitalized child needs its mother "now."

Joan Spiegelhalter

Annual Emergency Course

An annual, three-day emergency care course held during September at UCSF brought over 500 participants from ten western states and Alaska to learn splinting, cardiac management, scuba rescue, helicopter rescue, and other specialized emergency care techniques.

Classes were held on campus, but the highlight of the course was the outdoor rescue demonstration held at the Lake Merced landing dock and boathouse. Members of the San Francisco and Sausalito fire department rescue companies dramatically demonstrated how to extricate a trapped "victim" from a crushed auto.

With the "victim" out of the way, the team went to work showing how to force open jammed doors, cut the roof off the car, remove hood and trunk covers, seats, and the entire side, all with an impressive tool called the "Jaws of Life" . . . which is operated by a portable generator.

A Coast Guard helicopter showed how a boating-accident victim can be rescued and cliffside rescue was demonstrated by the San Mateo County Sheriff's department. A four-wheel drive vehicle with a power winch was used to bring the rescue team, and "victim" in a sled-type basket, up a steep hillside.

More than 25 other instructors taught new and specialized emergency procedures, many of whom are on the faculty of the UCSF School of Medicine.

Dr. Michael W. Chapman, Assistant Professor of Orthopedic Surgery, UCSF, was chairman of the course which attracted police, fire, ski patrol and ambulance personnel, nurses, physicians, construction workers, and emergency room technicians.

Dr. Chapman pointed out the importance of the course: "Trauma is one of this nation's major health problems. It kills more people than heart disease or cancer. With the increase of technology, jet travel, and faster cars thousands of Americans are injured or killed every day on highways, in sports and recreation, in the home, and on the job.

"In addition, victims of heart attacks, shock, or bleeding often face death because of inadequate emergency facilities or know-how. There is an urgent and growing need to train more rescue and emergency technicians. I think the reason we attracted so many people—not only rescue or emergency personnel but a good many lay people—is that the public is becoming more aware of this need and they want to be involved."

The emergency care course was sponsored by Continuing Education in Health Sciences at UCSF, the American Academy of Orthopedic Surgeons, and other agencies including the American Red Cross, National Ski Patrol, the U.S. Army, Navy and Coast Guard, CMA, and local Bay Area fire departments.

After extricating a "victim" from a crushed auto, a member of the Sausalito Fire Department rescue company demonstrated one of the many uses of the "Jaws of Life"—here it lifts the automobile from the pavement. This power-operated tool also rips off jammed car doors, trunk and motor hoods, pulls out burning car upholstery and completely removes the top of an automobile. The demonstration was held at the Lake Merced landing dock.

The U.S. Coast Guard demonstrated one type of rescue from the water by landing directly on the water and using hand-over-hand technique. If the helicopter had not been able to land on water, a basket would have been lowered, guided underneath the victim, and drawn up to the helicopter by a power winch.

"Resusci-Annie" an inflated mannequin received fast attention after a heart attack. The King-American Ambulance Company demonstrated their specialized cardiac equipment, showing treatment with the heart-lung resuscitator and oxygen. This equipment is standard in the King-American ambulances, and many of the new City ambulances are now carrying specialized cardiac equipment to begin immediate treatment of coronary victims.

Peggy Flax, R.N., member of the National Ski Patrol and director of the emergency field station at Alpine Meadows, showed techniques used by the ski patrol in securing an accident victim to a spine board. She was assisted by a course participant as Sam Houston, standing on chair, lectured to the rest of the group. Houston is also a member of the National Ski Patrol.

photos by Donna Chaban

New Hearing Device

Hearing for the totally deaf is the goal of a UCSF team which has developed an electronic device that stimulates auditory nerve endings within the inner ear. Consisting of an electrode and a receiver, the implant receives sound from a radio transmitter worn by the deaf person. Sound has been heard by each of the participants wearing an implant and three of the individuals are able to hold normal conversations, although they do need the support of lip-reading.

The research is considered to be "in its infancy" cautioned Dr. Robin P. Michelson, who has worked on the problem during the past 15 years: "But, so far, it is the only method by which we can hope to eliminate total deafness," he said. "With further improvement, good speech determination is definitely a possibility. It is also necessary to make refinements in the design of the device to make it suitable for widespread clinical application."

Limitations of the implant are in discrimination of pitch in the middle and high ranges of sound. For this reason those wearing the device have difficulty understanding individual words without the advantage of lip-reading. Patients who have had hearing at some time in life, and can recognize words, have an advantage over those who have never heard a human voice.

The causes of total deafness include a genetic factor which leads to degeneration of the organ of hearing (Corti), central nervous system damage, toxic drugs, infectious diseases affecting the organ of Corti, or physical injury to the auditory nerves. If there is complete loss of the auditory nerve, the implant device is useless.

The success of the device developed at UCSF's Coleman Laboratory in the Department of Otolaryngology is the result of cooperative efforts of an electrical engineer, a physiologist, and physicians.

An estimated 350,000 people in the USA are deaf and cannot be helped by either surgery or with the conventional type of hearing aid. For almost 200 years attempts have been made by scientists to electrically stimulate auditory nerve endings. Progress leading to the current research results reflect advances in auditory physiology, materials, and electronic engineering as well as advances in surgical techniques in otology. In the past it was thought that people who were totally deaf were beyond help . . . but the patients who have received the implant no longer live in a totally silent world.

Dr. Michelson, Associate Professor of Otolaryngology, is working on this hearing research with Drs. Michael M. Merzenich, Assistant Professor of Otolaryngology and Physiology and Robert Shindler, Assistant Professor of Otolaryngology.

Early research was supported by the Zenith Radio Corporation and Beckman Instruments, Inc. The continuing effort on this program is supported by funds from the Coleman Fund and the San Francisco Foundation of Otology.

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School Of Nursing Symposium

On November 2, from 10:00 a.m. to 4:00 p.m., the UCSF School of Nursing will present a symposium in Cole Hall to honor two retiring faculty members. They are Doris I. Miller, Professor of Nursing, and Catherine E. Sheckler, Associate Clinical Professor of Nursing. The symposium is entitled "Research For Nursing Practice," and its emphasis on research reflects the major interests and contributions of the retirees during their nursing careers and their long association with the School of Nursing.

Keynote speaker is Lucille Notter, former editor of *Nursing Research,* who will speak on "Clinical Research In Nursing." There will also be a panel discussion by faculty and students engaged in nursing research today. A reception will follow. Friends and all interested parties are invited to attend.

Book Notes

ACUPUNCTURE THERAPY: CURRENT CHINESE PRACTICE — Tan, Leong T., M.D. Facs., Margaret Y.-C. Tan, M. S. and Ilza Veith, Ph.D. 1973. Temple University Press, Philadelphia.

This is the first book in the English language to describe acupuncture as it is now performed by the medical profession in the People's Republic of China. Types of needles, manner of insertion, and use of acupuncture points are set forth clearly. Accurate drawings, with anatomical descriptions, show the location of acupuncture points on the skin surface and the underlying musculoskeletal structure.

Another section of the book lists ailments for which acupuncture is performed, along with corresponding main and supplemental points for needle insertion. Moxa heating is also described (moxibustion is the heat treatment of acupuncture points by burning dried leaves of Artemisia Vulgaris).

A final chapter is devoted to acupuncture anesthesia, citing its advantages over drug-induced anesthesia, safety, simplicity, and economics. Patient tolerance of the procedure, lack of impairment of physiological functions, and the ability of the patient to cooperate with the surgeon during certain operations are presented.

Professor Ilza Veith, Vice-Chairman of the Department of the History of Health Sciences at UCSF, is an internationally recognized authority on oriental medicine; Dr. Leong T. Tan is a urologist practicing in San Francisco; and Margaret Y.-C. Tan is an Associate Specialist in the Department of Medicine at UCSF. A Foreword is provided by Walter R. Tkah, M.D., physician to President Nixon.

Moses Grossman, M.D., Chief of Pediatrics, and **Delmar Pascoe, M.D.**, Assistant Chief, Pediatrics, SFGH, have been editing a book, "Quick Reference To Pediatric Emergencies," to be published soon by Lippincott. Most of the twenty-eight contributors are on the staff of SFGH.

Psoriasis Day Care Center

Almost everything about the Psoriasis Day Care Center at UCSF is unique, including the staff, location, and even the patients. In fact, the only similar center in the world is in Paris, France, according to the director of the UCSF Psoriasis Day Care Center, Dr. David L. Cram, Assistant Professor of Dermatology.

Dr. Cram concedes that he doesn't direct the Center all by himself, but rather it is run by a team "consisting of my wife, Marie, who supervises nursing services, a dedicated staff, and the patients themselves."

Psoriasis, he says, is an uncomfortable and unsightly skin ailment afflicting some eight million Americans—150,000 in the Bay Area alone. Cause of the disease is not completely known.

Why is psoriasis so uniquely suited for treatment in a day care center?

"For starters," replies Dr. Cram, "the UCSF Center is a home away from home for its patients. It is housed snugly on the first floor of a comfortable house on Third Avenue near the campus. "The homelike atmosphere tends to create a positive mental attitude in the patients, one that is conducive to relaxation, healing, and a prompt return to health," says Dr. Cram.

"In most cases of psoriasis the patient's skin is sick while the remainder of his body feels quite well. This indicates that the patient may not require expensive hospitalization, but can be treated intensively as an out-patient during the day, returning home each evening."

Presently the Center can treat six patients during any two- to four-week treatment period. "Patients are preferably referred by a physician, and only those with psoriasis of a severity requiring the special tar and ultraviolet therapy can be admitted to the center."

Dr. Cram explains that the Day Care Center is a hospital of an unique type: "The patient arrives in the morning between 8:00 and 9:00 o'clock, receives morning and afternoon periods of therapy and returns home or to a motel late in the afternoon."

Because of the day care method of treatment, costs average about $58 daily, about half the cost of 24-hour hospitalization. "The daily fee of $58 includes professional services, medication, and lunch."

"And furthermore," continues Dr. Cram, "within the past year, nearly all of the major health insurance companies (including Blue Cross and Blue Shield), Medi-Cal and Medi-Care have endorsed the UCSF Day Care Center."

Other patient benefits include companionship enjoyed among themselves and the staff. "Patients who have been treated for psoriasis in hospitals prefer the day-care-center type of treatment because of a real sense of community: they eat, relax together, and compare notes about their common problem. There's no solitary time spent in a hospital bed or sharing a ward with patients afflicted with other diseases."

Patients who happen to be mothers or fathers with responsibilities at home, such as preparing breakfast for the family and getting the kids off to school, can take care of these things before treatment begins at the Center in the morning. They're home late in the afternoon in time to prepare an evening meal for the family.

"Likewise, patients who are in business can check in at the office early in the morning before treatment and then again late in the afternoon."

There are also advantages for the staff, says Dr. Cram. "We have the opportunity of treating a much wider spectrum of patients; they have ranged in age from 11 to 71."

Dr. Cram believes the day care center idea is here to stay and may well become a prototype for similar centers in the U.S. concerned not only with psoriasis but other diseases which require intensive hospital-type treatment without the need of 24-hour special care.

"Because of increasing costs of 24-hour hospital care, it becomes imperative to avoid hospitalization whenever possible, especially with the unique requirements of psoriasis patients."

The Center is also designed to satisfy special physical and emotional needs of the psoriasis patient. "Because of the intensive and personalized care involved, psoriasis can be treated and the patient made to better understand and care for his disease in a day-care setting."

Marie Cram, commenting on the Center's nursing service, cites superior therapeutic results from this program. "The highly personalized form of treatment —applying coal-tar ointments and shampooing the diseased areas by hand—makes all the difference in the world to the patient, it clears the skin from 75 to 100 percent and often results in a long remission of the disease."

In conclusion, Dr. Cram cautions that this treatment "is not a cure for psoriasis, but rather one of the safest and most effective ways known to control the disease."

James W. Crawford

"Ostomy" Center

In the U.S. and Canada there are about 1,000,000 men, women, and children with "ostomies" (a surgically created abdominal opening for the excretion of urinary and intestinal wastes). With proper assistance, people requiring these operations can continue to lead happy, productive lives.

The Ostomy Care Center of San Francisco is a new community resource located at UCSF for physicians treating patients with "ostomies" An outpatient service based at UCSF, the Center provides guidance in fitting and choosing appliances for these patients and counseling on problems which may arise, such as skin irritation and odor. They also aid in psychological rehabilitation of the patient.

This service is on a referral basis and no medical or surgical evaluation is made unless requested by a physician.

The Center is funded in part by the American Cancer Society as a community resource. To make a referral or for further information telephone 666-2592.

Cancer Test

A simple test that may aid in the early diagnosis of breast cancer is now available at UCSF. Women of all ages and racial groups are encouraged to apply, including those who have had breast cancer or breast cysts, or whose relatives have had breast cancer.

The test takes only five minutes, is painless, or causes only minimal discomfort, and consists of withdrawing breast secretions from the nipple by means of a modified breast pump. The fluid is then studied under the microscope to detect possible abnormal cells.

The testing program is directed by Dr. Nicholas L. Petrakis, Associate Director of the G. W. Hooper Foundation and Professor of Preventive Medicine, UCSF School of Medicine.

Says Dr. Petrakis: "This study of breast secretions offers the possibility of a "Pap" smear test for detection of early breast cancer similar to that used so successfully to diagnose early cancer of the cervi Thanks to widespread use of the Pap smear, the death rate from cervical cancer has been markedly reduced over the past 20 years."

The breast aspiration technique was developed by Dr. Otto Sartorius, a Santa Barbara surgeon who is a research associate of Hooper Foundation. In a study of 200 women with no symptoms of breast cancer, breast fluid was obtained by aspiration from 153: Of these, three women were found to have early cancer, two had suspected cancers and are being followed at 3-month intervals, and 20 had abnormal cells.

It is not always possible to obtain breast secretions, for varying reasons; however, the investigators are attempting to improve the frequency of positive aspirations, presently obtainable in from one-half to two-thirds of Caucasian women.

Breast cancer kills 25,000 American women every year, and despite improved public education and improved diagnostic techniques, the death rate has remained essentially constant since 1930. Unfortunately, breast tumors are usually not diagnosed until accidentally discovered by the patient, by which time the tumor has already grown to about 4 centimeters in size. Therefore, it follows that the best chance for cure lies in early detection—before the tumor has metastasized (spread to near-by lymph nodes or to other parts of the body).

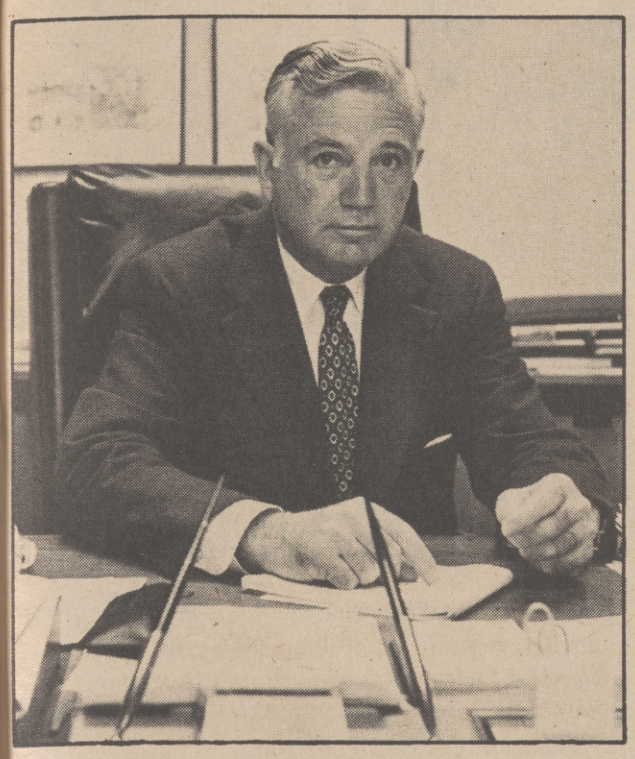
About 75 percent of breast cancers develop in the ducts (the network of glands in which milk is produced and which converge at the nipple). Thus, examining the cells from duct secretions would seem to give the earliest possible detection of abnormality.

Dr. Petrakis explains that most women have breast secretions, regardless of age and whether they have ever been pregnant or nursed a baby. This duct fluid contains most of the substances reported to be present in milk. These findings explain how it is possible for a woman to nurse her adopted baby or for a grandmother to nurse her grandchild (as is done in some cultures when the mother dies). In short, the suckling infant acts as the most powerful stimulant possible for milk production, which is a latent capacity in almost every woman.

Women interested in having the breast test may make an appointment by calling Miss Lynn Mason at 666-1424.

Joan Spiegelhalter

Memo



The recently completed Legislative session in Sacramento saw the passage of AB 350, which provided for a new School of Dentistry Building on the San Francisco campus. The bill, sponsored by Assemblyman Willie L. Brown, Jr., provides for construction of a 68,000 ASF Dental School Building and for two off-campus clinics totaling 40 chairs. It is hoped that one 24-chair clinic can be established at San Francisco General Hospital: One 16-chair clinic will be established at another location where there is substantial need for dental services. Money to operate the two additional clinics must be sought from local and federal sources, and we will begin efforts to locate funds as soon as possible.

The construction of a new School of Dentistry building is essential to continue operation of the Dental School. In 1968, the Council on Dental Education of the American Dental Association notified Dean Pavone that accreditation of the dentistry program was in jeopardy unless facilities and equipment for the educational program could be improved. In recent months, the accreditation team from the Council on Dental Education conducted a site visit, with the result that full accreditation is held in abeyance until the University can guarantee that the physical facilities will be improved to allow for proper education of dental and dental hygiene students.

The passage of AB 350 allows us to move toward provision of adequate facilities for our teaching programs, and I wish to thank all who assisted us in our efforts to provide the necessary background information to the community and to the Legislature.

Range Adjustments Approved

On September 19, 1973, we were able to announce that University of California range adjustments had been approved by the Cost of Living Council in Washington, D.C. The University had recommended higher increases for some categories of employees and if the appeal filed recently with the Cost of Living Council is successful, some further upward adjustments will be made.

The attempt was made to raise as much as possible those salaries in the lower income brackets. Inflationary trends have caused the greatest hardship in those ranges and I am hopeful the appeal will be successful so that further increases can be granted.

Francis A. Sooy, M.D. Chancellor

Communities

UBAC Annual Drive

Theme of the forthcoming 1973 United Bay Area Crusade is "People Helping People." For those unfamiliar with the Crusade itself, UBAC is the "united giving fund providing an efficient channel through which contributions flow to 184 voluntary health, welfare, and youth agencies in the five Bay Area counties."

One in every three persons in the Bay Area benefits directly from a Crusade-supported agency.

Perhaps the most frequently asked question about the Crusade is: "Where does my contribution go?"

The largest proportion, about 30 percent, goes to youth agencies such as Scouting, Camp Fire, YMCA and YWCA, boy's clubs and neighborhood centers. The next largest share (25 percent) goes to multi-service agencies including the Salvation Army, Red Cross and Jewish Welfare agencies.

The next largest share (24 percent) goes to family services such as counseling agencies, day-care centers and children's institutional-care agencies.

Health agencies receive 14 percent and include visiting nurses and homemakers; hospital clinics, drug abuse agencies, multiple services for the mentally retarded, cerebral palsy, multiple sclerosis, and heart disease; rehabilitation workshops, and halfway houses.

And the final 7 percent is allocated to community development and planning, which includes the Bay Area Social Planning Council, Bay Area Comprehensive Health Planning Council, councils for the Spanish speaking, the Bay Area Urban League and volunteer bureaus.

Another frequent question raised about the Crusade concerns the costs of raising funds: "Total year-round costs of raising funds and of administration amount to 5.2 cents on each dollar for the campaign, and 4.6 cents on each dollar for administration, which makes a total of 9.8 cents on each dollar used for fund-raising purposes."

Parking

Parking in the University Garages between the hours of 5:00 p.m. and 8:00 a.m. on weekdays and anytime during weekends is available to neighbors of the campus. Because the garages are self-supporting it is necessary to charge a parking fee of $6.00 per month. This is the same amount UCSF charges its employees who park in the garage after 5:00 p.m.

Special neighborhood decals may be obtained Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. at the parking office on the first floor of the Millberry Union Garage. Any questions about this parking service should be directed to Mr. Robert La Pointe, Office of Campus-Community Planning, 666-1131.

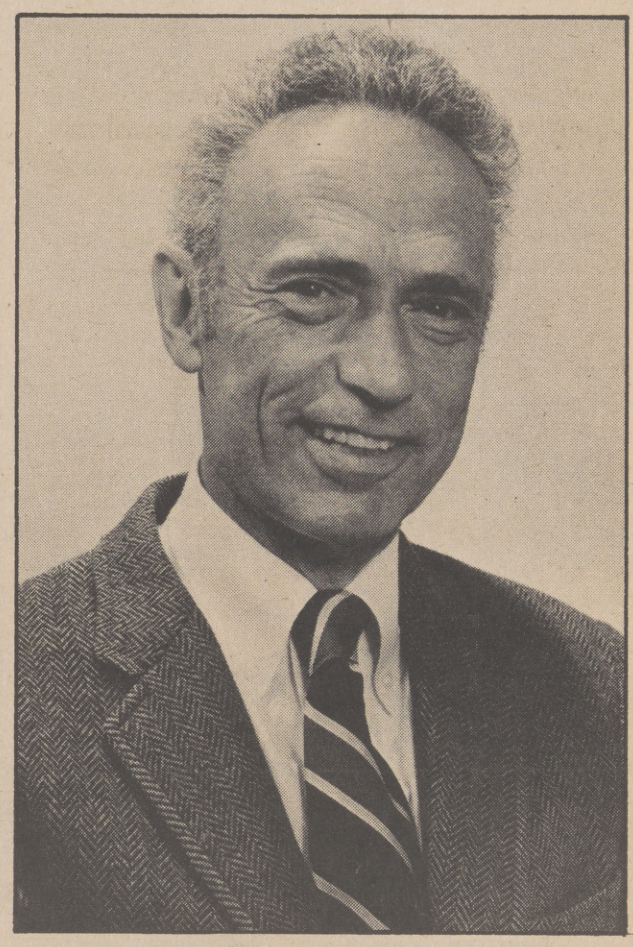
Perlman Regents Professor

David Perlman, Science Correspondent of the *San Francisco Chronicle,* has been appointed a Regents Professor of Human Biology at UCSF for the Winter-Spring quarters of 1974. He will lecture in seminars for UC physicians and students on public communication of scientific research and health policy issues.

A graduate of Columbia University, where he received his masters degree in journalism, Perlman has been a reporter, foreign correspondent, and magazine writer for thirty years. His articles have covered a variety of topics in medical science, health care, the physical sciences, space research, and environmental problems. He writes an annual feature article for the *Encylopedia Yearbook of Science.*

In his reporting, Perlman has stressed the impact of research and technological progress on public and political affairs in areas such as nuclear arms control, environmental pollution, and the economics of health care services.

Perlman is a past president of the National Association of Science Writers, a member of the Council for the Advancement of Science Writing, and of the Committee on Public Understanding of Science of the American Association for the Advancement of Science.



Gordon Peters

Science correspondent, David Perlman, newly appointed Regents Professor of Human Biology for the Winter-Fall quarters at UCSF.

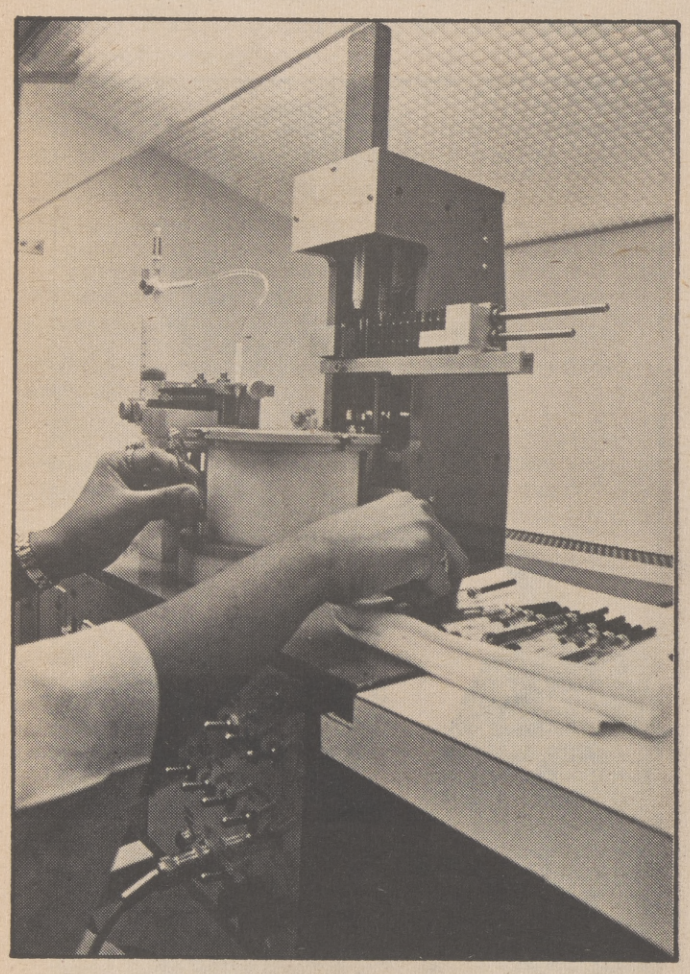
Pharmaceutical Technology Laboratory

The Pharmaceutical Technology Laboratory of the School of Pharmacy is a teaching and service unit not only for the UCSF campus but for the student health services and hospitals at other campuses of the University of California. Bulk production of medications, solutions, lotions, and powders provides a full range of pharmaceuticals . . . including antibiotics, sedatives, antibacterial preparations, and even placebos. Specific requirements can be accommodated in any special form or packaging that is required.

In contrast to the compounding of prescriptions for individual patients, the Pharmaceutical Technology Laboratory supplies standard dosages in large quantities for unit dispensing. These are requisitioned by the hospital pharmacy, which in turn fills the orders sent by nursing stations in Moffitt and UC Hospitals.

Orientation programs for School of Pharmacy students, Public Health residents, and State Food and Drug officers are part of the teaching function of the Laboratory. Third and Fourth year pharmacy students may elect to take complete courses in the Laboratory.

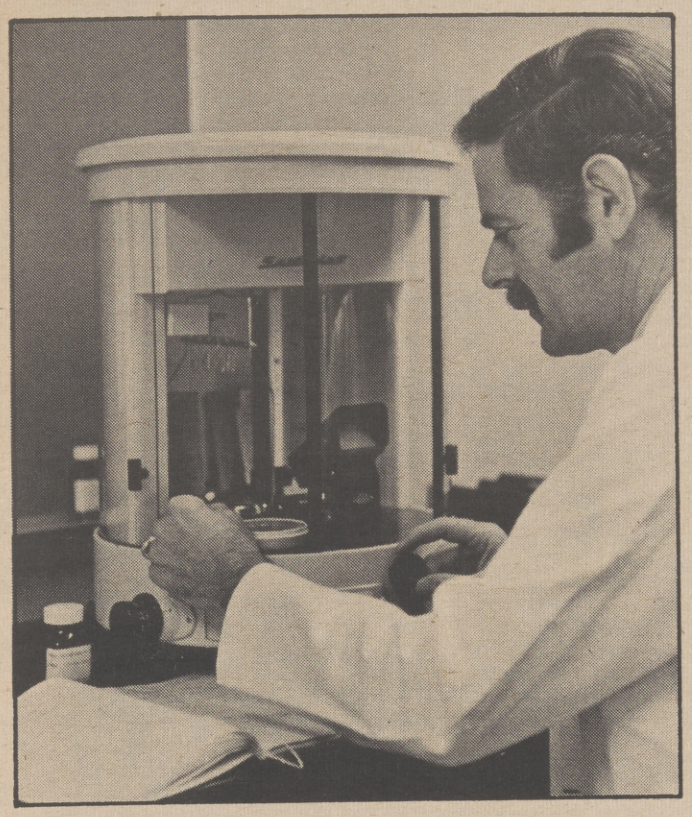
Director of the Pharmaceutical Technology Laboratory, Dr. Robert D. Gibson, Class of '58, UCSF School of Pharmacy, and Sang Sim (a graduate pharmacist from Korea) are checking tablets for hardness . . . friability.



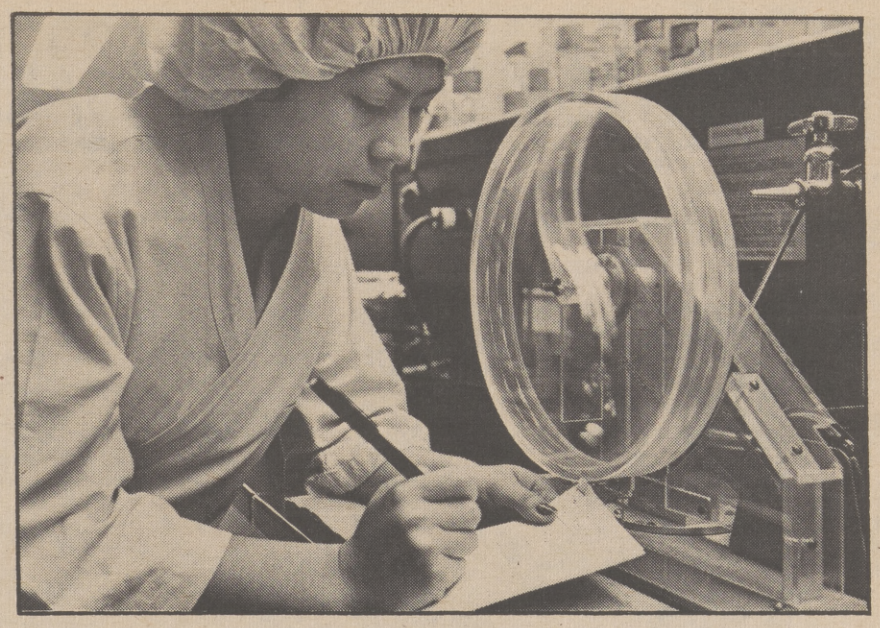
Tubex syringes with covered sterile needles are filled by an automated machine for individual injections.

Individual bottles are automatically filled with tablets that are counted and capped by machine.

Plastic and foil encase each tablet in this compression machine operated by Melvin Harris, a fourth year pharmacy student.

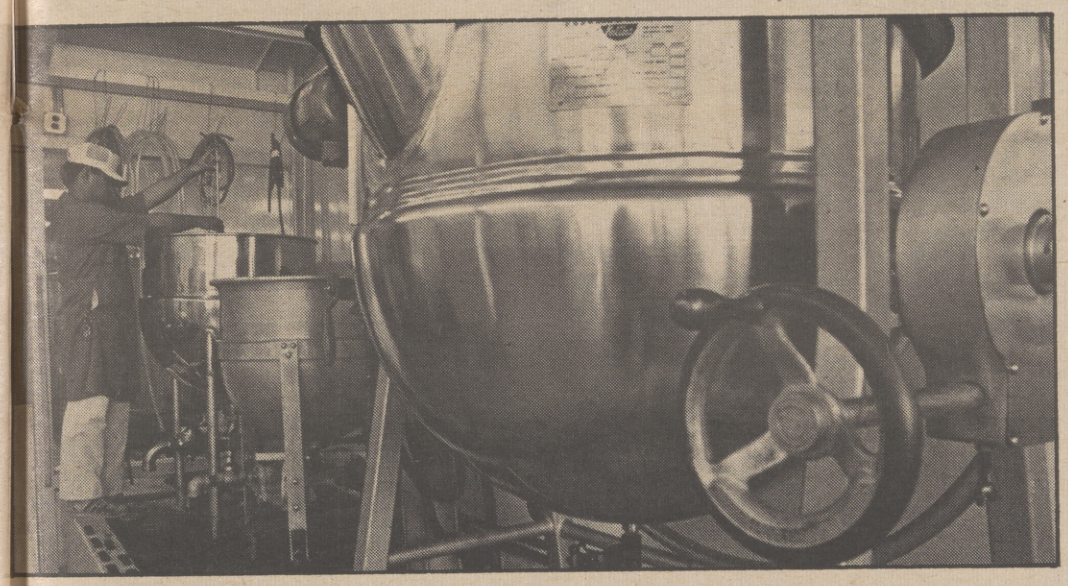


Dr. Vincent A. Blake, Pharmacist for the Laboratory, is a graduate of the UCSF School of Pharmacy, Class of '61. He is demonstrating a balance, one of many used in the preparation of medications.



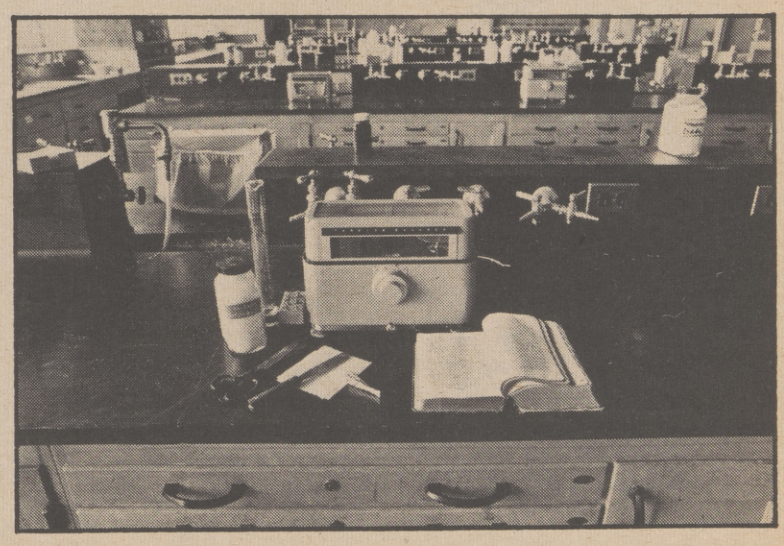
Quality control is a vital factor in the preparation of all items. Fatima Sanchez is shown with the Friabilator, which tests the strength of tablets.

To determine the rate of disintegration, tablets are placed in an apparatus with a solution that simulates digestion.



Stainless steel vats, like all equipment in the Laboratory, must be kept meticulously clean. These shown here are used for the preparation of emulsified creams used in ointments and lotions.

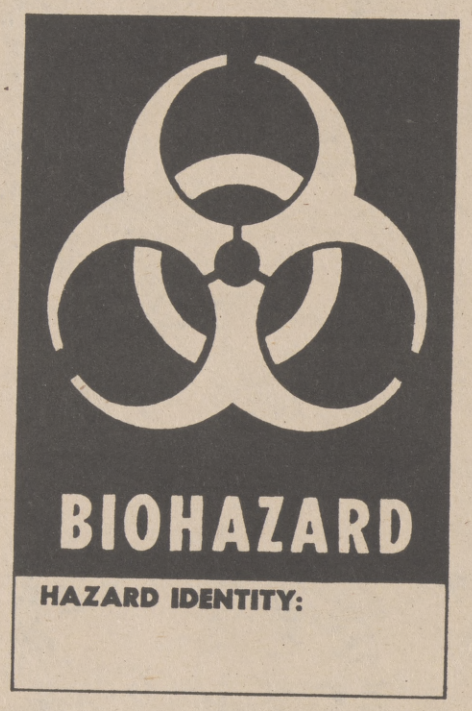
photos by Tom Walters



Compounding individual prescriptions is part of the curriculum of the School of Pharmacy. Basic courses in the chemistry of prescription drug ingredients begins in large classroom laboratories. Today's pharmacist works closely with physicians in patient care. As the variety and complexity of medications increases, the pharmacist's specialized knowledge of the formulations, action, and interaction of drugs makes him an invaluable member of the health care team.

Hospitals and Clinics: Synergy

Color Coding For Safety



Many of the attractive colors and symbols you see around the UCSF campus weren't put there for decoration and eye appeal. Color coding is being used increasingly in health care facilities, as well as business and industry, as a significant means of promoting safety and protection against hazards.

Dr. Frank Gohr, Associate Administrator, UCSF Office of Environmental Health and Safety, points out that although the use of certain colors for this purpose has, for years, been a matter of convention, exact standards for safety and health color coding are now becoming the "law of the land."

Specific standards and regulations adopted in 1971 under the Federal Occupational Health and Safety Act, and published in the Federal Register, are applicable to private industry employers. Gradually, they are being adopted by the state legislatures, and will apply to virtually all employers, including state and local governments.

Two of the newer safety and health code colors in use on the UCSF campus are:

FLUORESCENT ORANGE-RED: Standard color for the *biological hazard* symbol. This symbol must be designed and proportioned according to exact specifications. Background color is optional, as long as there is sufficient contrast. It is used to identify equipment, containers, rooms, materials, experimental animals, or combinations of these which may be contaminated or present the risk of infection.

MAGENTA: Standard color for the *radiation symbol,* which is in the shape of a three-bladed propeller. Exact dimensions and design also must be followed in executing this symbol, which is displayed against a yellow background to indicate "radiation hazard."

Other code colors in prevalent use on the campus, including the Hospitals and Clinics, are:

RED: Traditionally the basic color indicating "fire protection," "danger," and "stop."

Fire protection: Fire alarm boxes, extinguishers, hose locations, sprinkler pipes, fire exit signs, etc., are indicated in red. When it is impractical to paint a fire extinguisher, the location is indicated by means of a red color mounting on the wall area, or a red band on the support pole. Hose locations are marked by painting the hose reel, supports, and housing red. Sprinkler pipes may be identified by red bands around the piping.

Danger: Safety cans, or other portable containers of flammable liquids are painted red, with some additional clearly visible identification, either in the form of a yellow band around the can, or the name of the contents conspicuously stenciled or painted in yellow. In construction areas, red lights are provided at barricades and temporary obstructions. Red tags, indicating "danger," or "do not start," are attached to all defective equipment, and are not to be removed until the equipment has been repaired or replaced.

Stop: Emergency stop bars on hazardous machines, such as flatwork ironers, are red, as are electrical switches or stop buttons used for emergency stopping of machinery (including elevator emergency stop buttons).

YELLOW OR AMBER: These basic colors for designating "caution" and "physical hazards" indicate a lesser level of danger than red. Solid yellow, yellow and black stripes, or yellow and black checks may be used to mark hazardous areas or equipment. Yellow flashers are used around construction equipment.

GREEN: The basic color for designating "safety" and the location of first aid equipment (other than fire fighting equipment).

Dr. Gohr notes that cylinders containing compressed gases may be color coded by the supplier, but at present, standardized colors are not necessarily being used by all suppliers. *Normally,* red will be used to identify flammable gases such as acetylene and propane; yellow, nitrogen; and green (or gray), oxygen or air. *"At this time, however," he warns, "no one should depend on color coding to identify gas cylinders. The cylinder must also be clearly labeled as to the contents."*

Next time you catch a glimpse of color from the corner of your eye, look twice! It might be a color code for safety.

Claire Wray

Tom Walters

Amputee Helps Amputees

William Sobbe, a Certified Prosthetist at UCSF, and Debbie Donnelley demonstrate how an artificial limb is fitted. Debbie is an amputee as the result of a motorcycle accident two years ago. The loss of her lower limb hasn't stopped her activities at Mt. Eden High School in Hayward where she is the school's Mascot. Mr. Sobbe is an amputee, himself, and brings to his work a personal understanding of the physical and psychological problems of amputees. He plays golf, bowls, hunts and fishes, and flies an airplane. An amputee who lost a leg in a military service connected injury, tall personable William Sobbe is a Certified Prosthetist. Before coming to UCSF three years ago to head the Prosthetic-Orthotic service, he was vice-president of the world's largest manufacturer of artificial limbs, based in Chicago.

The five-man Prosthetic-Orthotic service, located in the basement of the old Clinics Building, is responsible for fitting patients with custom-made, artificial limbs and a wide variety of orthotic devices such as braces, splints, arch supports, and special corsets. This unit works with the Department of Orthopedic Surgery at UCSF and the Engineering Department at U.C. Berkeley to research and develop all kinds of rehabilitative devices for the disabled.

Code Blue

And then there is "Code Blue" . . . the term used to signal any medical emergency anywhere in the Hospital. When the emergency number for "Code Blue" is dialed, the words are repeated instantly over the public address system. Within moments, a medical team is on the scene with help. The system, organized so that a physician is *always* available to respond, is responsible for saving many lives.

The term originated at Bethany Hospital, Kansas City, Missouri, about a decade ago, and was introduced at UCSF by Dr. Hilliard Katz. Dr. John Hutchinson currently heads our Code Blue Teams.

Team Approach For OB-GYN

One of the most important purposes behind the new faculty-resident "team system" being organized by the UCSF Department of Obstetrics and Gynecology, is to provide continuity of patient care. The new program is being introduced under the leadership of Dr. Robert B. Jaffe, who officially joins the faculty of the School of Medicine in January as Chairman of the Department. Dr. Jaffe, a specialist in reproductive endocrinology, is currently at the University of Michigan, Ann Arbor, where a similar "team system" is successfully underway.

The Ob-Gyn faculty, composed of various specialists, will be divided into two teams. Residents and students will be assigned to one or another of these teams, as will Ob-Gyn patients under care of the UCSF Hospitals and Clinics. Residents remain on one practice team for one year, and then switch to the other. In this way, each patient will be seen indefinitely by the same faculty physicians, and up to one year by the same students and residents. Patients will be allowed to switch teams when the residents do, if they choose.

Another significant purpose of the new program is to ally the faculty, residents, and students in a multi-discipline approach to teaching and research as well as patient care.

Newly appointed to the faculty, in addition to Dr. Jaffe, are Dr. Russell Laros, a hematologist; Dr. Mitchell Golbus, a geneticist; Dr. Ronald Minkler, a specialist in family planning; Dr. Richard Sweet, a reproductive physiologist; and Pentti Siiteri, Ph.D., a hormone biochemist.

The faculty-resident teams will be involved in direct patient care in the Women's Clinic, which is moving soon into the new Clinics Building. Research activities will be centered in the department's expanded laboratory area in the Health Sciences Building.

Dr. Jaffe describes the new program as "a contemporary approach to human reproduction in its broadest aspects." He sees in it unlimited potential for developing the highest quality of patient care.

Administration Interns

This summer, the University of California Hospitals of the UCSF Medical Center, and 16 other Bay Area hospitals have been taking part in a ten-week work program designed to encourage minority students to pursue careers in health care administration.

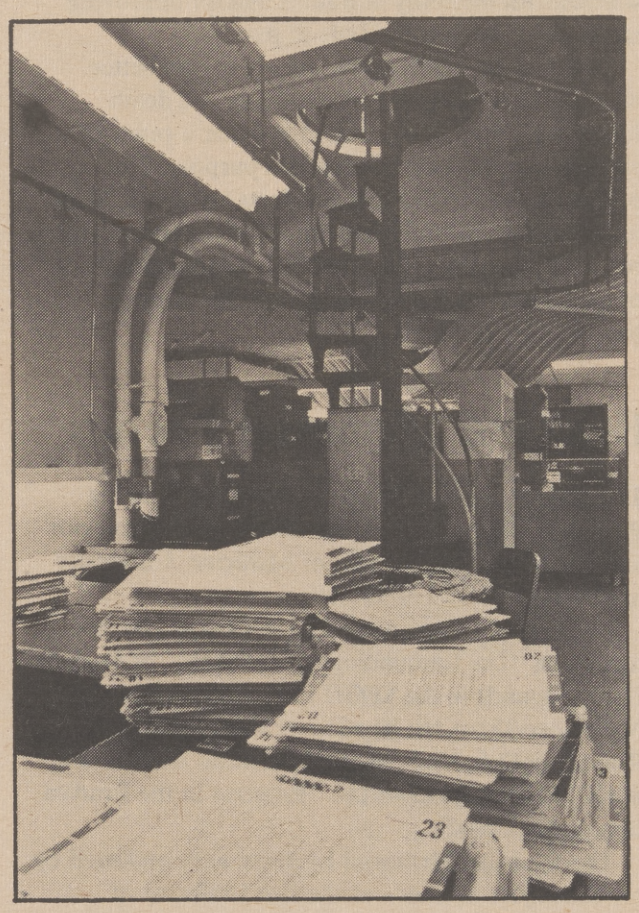
Seventeen Black, Chicano, and Oriental students enrolled as juniors and seniors at various universities and colleges have been assigned to work with the administrative staffs of the participating hospitals. They are being introduced to health care administration by rotating through the hospital departments, undertaking project assignments, and attending meetings on various phases of hospital administration.

The 1973 program, being conducted in 15 major cities across the country, is coordinated by the Association of University Programs in Hospital Administration and the National Association of Health Services Executives. In the Bay Area it was organized by the Health Care Executives of Northern California, whose president is William G. Gonzalez, Assistant Director, UCSF Hospitals and Clinics.

This group was responsible for recruiting and selecting the 17 administrative interns from among some 70 applicants. It also arranged to provide the students with weekly stipends. The program is supported on a national basis by the W. K. Kellogg Foundation, Health Manpower Development Corporation, and the Weir Foundation. Local support is received from the participating health facilities, Model Cities Programs, and private foundations.

"Success of the program will be measured in terms of the number of students who are motivated to earn their M.A. in hospital administration," said Gonzalez. "If some of these students decide instead to pursue careers in other health professions, we will also feel encouraged, because minorities are largely under-represented in most of these fields."

The Assistant Administrator added that the Health Care Executives of Northern California will sponsor the summer program permanently and UCSF Hospitals and Clinics will continue to participate.



Tom Walters

First department to move into the Clinics Building is Medical Records. Cramped quarters were formerly located in a basement area of the old Clinics Building, complete with a "firehouse" metal staircase. Sorting and filing will be easier and more efficient in the new building: shelves are more accessible, lighting is better, and dictating facilities for physicians are more conveniently situated.

On The Move

For the Medical Records Department, first to move across Parnassus into the new Clinics Building, the "before and after" difference is dramatic.

The former quarters occupied by the department's 72 employees in the basement of the old Clinics Building were cramped and lacking in basic conveniences. Part of the department was on one level, the rest on the floor below, with an iron, spiral staircase like those used in a firehouse, connecting them.

Now the painstaking work of processing and filing the medical records is done entirely on one floor, on the Plaza level of the new building. Offices and file rooms are decorated in shades of warm beige, grey, cinnamon, and cheerful yellow. Glare-proof windows on the east side of the building overlook a city view.

The department also has its own conference room and more comfortable work space for physicians to use when completing or reviewing records.

Claire Wray

SFGH

New Community Resource

A specially equipped six-bed Burn Unit is the newest addition to the nationally acclaimed Trauma Service at SFGH. The City's only other intensive care Burn Unit is at St. Francis Hospital.

Dr. Donald D. Trunkey, Assistant Clinical Professor of Surgery, UCSF, and a full-time member of the Surgery Service at SFGH, is director of the unit. Dr. Stephen Miller, Assistant Professor of Surgery, a plastic surgeon, is associate director.

This new service provides for isolation techniques, specialized wound care, intensive fluid and electrolyte management, and rehabilitation services for severely burned patients. Average length of hospitalization for these patients is two to three months.

Special equipment, provided by the City and County at a cost of over $27,000, includes circle, electric beds for turning and repositioning patients, an Apollo shield to keep the patient's body temperature at a pre-set level, intensive care monitoring systems, and the most technically advanced respiratory devices.

Other news concerning the Trauma Service is the announcement of a $130,000 grant awarded to Dr. Trunkey to continue his study of ways in which shock affects individual body cells, particularly as it relates to fluids and nutrients.

Under the three-year grant from the Department of Health, Education and Welfare, Dr. Trunkey will be the principal investigator for this project.

"When shock occurs as a result of severe blood loss in seriously injured persons, it has been found that water and electrolytes (sodium and calcium) also enter the cells. This makes it difficult to resuscitate the patient," Dr. Trunkey explains.

"By actually determining the amount of fluid and electrolyte shifts through animal research, it will be possible to develop new and more effective resuscitative treatment for humans," he added.

The overall trauma program at SFGH is supported under a grant awarded by the National Institute of General Medical Sciences of the Department of Health, Education and Welfare to the UCSF School of Medicine and SFGH. Goals of the program are to find better ways of reducing the rate of disability and death following severe injury, and to provide a research, clinical, and teaching base that will bring better care to the trauma victim.

Brain Injury Center

The only neurosurgery research laboratory of its kind in Northern California has been established at SFGH to study methods of modifying brain injury and of relieving pressure on the brain which may cause paralysis or death. Ultimate goal of this project is to establish a Northern California Brain Injury Center at SFGH.

The neurosurgery laboratory is under the direction of Dr. Julian Hoff, SFGH Chief of Neurological Surgery and Principal Investigator for the Neurosurgery Project of the hospital's nationally acclaimed Trauma Center. Funding for the new laboratory was provided by the University of California and the National Institutes of Health Trauma Center Grant.

In 1972, Dr. Hoff received one of four Teacher-Investigator Awards presented to outstanding young medical researchers and teachers by the National Institutes of Neurological Disease and Stroke. As a result of this award, which includes a $110,000 five year study grant, Dr. Hoff has been visiting research centers in this country and abroad to observe methods of treating severe head injuries.

Further funding is being sought for the proposed Northern California Brain Injury Center which would function as part of the SFGH Trauma Center. The Trauma service is a multidiscipline program involving the Departments of Surgery, Orthopedics, Neurosurgery, Pathology and Anesthesiology. Through the University of California, these departments were successful in obtaining a $513,000 grant awarded in December 1971 by the National Institute of General Medical Sciences. SFGH is one of ten medical centers nationwide, and the only one on the west coast, selected "for the study of trauma and for improving methods of treating critically ill persons."

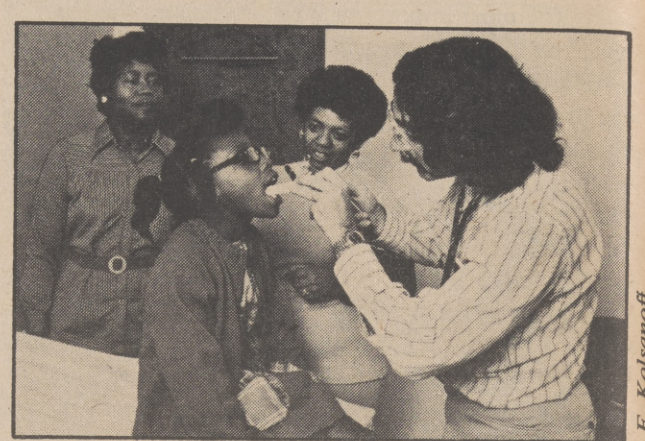
Goals of the trauma program are to find better ways of reducing the rate of disability and death following severe injury and to provide a research, clinical, and teaching base for this purpose. The primary causes of death in accidents are shock, blood loss, lung failure, and brain injury. In the neurosurgery research laboratory, Dr. Hoff is developing methods of treatment which will help to limit the damage produced by accidents.

Brainerd Memorial Lecture

The Second Annual Henry L Brainerd Visiting Professor will be Dr. Gordon Meiklejohn, Professor and Chairman, Department of Medicine, University of Colorado School of Medicine.

On Tuesday, November 27, at 11 a.m., he will lecture on "The Immunology of Influenza" at Medical Grand Rounds in the SFGH Carr Auditorium. On November 28, at 10:30 a.m., at Medical Grand Rounds in Cole Hall (Medical Sciences Auditorium) at UCSF, his subject will be "Progress in the Eradication of Smallpox."

The Brainerd Memorial Lectures were endowed by his colleagues in honor of the late Professor of Medicine and Chief of Medical Services at SFGH, and former Chairman, UCSF Department of Medicine. Dr. Brainerd, who died in 1969 at age 55, also established the Infectious Disease Laboratory at SFGH with Dr. John Brown and Dr. Meiklejohn, this year's Visiting Professor.



E. Kolsanoff

Dr. William Shore of the Family Health Center staff examines Darlene Green, who came to the Health Center with her grandmother, Mrs. Mary Isiac (left). Assisting Dr. Shore is Orderly Thelma McWilliams.

Family Health Center

Keeping people healthy is the main idea behind the Family Health Center at SFGH. The Center offers comprehensive health services to families five days and two evenings a week. All San Francisco residents are eligible as patients and fees are based on ability to pay.

"Our emphasis is on patient education and health promotion and maintenance, rather than on sickness intervention," says Dr. Robert Massad, Medical Director of the Center and Director of the new SFGH Family Practice Residency Program.

This is not the kind of "impersonal" clinic where the patient sees a different doctor on each visit. Instead, the same Family Practice resident sees the same patient indefinitely. The 16 residents serve as members of two Family Health Care teams which staff the facility on alternate shifts. They include family nurse practitioners, family health workers, social workers, nurses, and clerical staff. Family physicians, an internist, nutritionist, full-time psychiatrist and a psychologist also serve on the Family Health Care teams. This residency program is also affiliated with the Division of Ambulatory and Community Medicine of the UCSF School of Medicine.

The atmosphere at the Family Health Center is friendly and informal. Walls and furnishings are in cheerful pastels; most staff members wear street clothes and address each other on a first-name basis.

The staff is prepared to deliver the full range of primary health care. Patients are treated as "total" human beings in the context of the family and the community in which they function. To provide 24-hour service seven days a week, as in private practices, an answering service is available to families when the Center is closed.

Claire Wray

To call attention to the need to stabilize world-wide population growth, the United Nations has designated 1974 as "World Population Year." The observance will be climaxed with a World Population Conference in Bucharest, Romania, next August.

Auxiliary

SFGH Honors

Two members of the SFGH Surgical staff were recently elected to membership in the prestigious San Francisco Surgical Society. They are Muriel Steele, M.D., the first woman so honored, and Donald D. Trunkey, M.D. Dr. Steele, a graduate of Stanford Medical School, is Associate Professor of Clinical Surgery, UCSF, and Dr. Trunkey, who completed his residency at UCSF, is Assistant Professor of Clinical Surgery.

John F. Murray, M.D., Chief, Chest Service, SFGH, has been appointed editor for a five year period of the American Review of Respiratory Diseases, the journal of the American Lung Association. The editorial offices of the Journal will be moved from New York to San Francisco General Hospital October 1 when Dr. Murray returns from a sabbatical at the Brompton Hospital, London England.

Richard Fine, M.D., of the UCSF Department of Medicine, and coordinator of the new Prison Ward at SFGH, was recently appointed to the Mayor's Criminal Justice Commitee which is studying the proposed Federal Metropolitan Correctional Center for San Francisco.

Jerome A. Motto, M.D., Associate Clinical Professor of Psychiatry, UCSF, and Chief of Psychiatry, SFGH, has been elected Secretary-General, International Association for Suicide Prevention, for 1973-75.

Dr. David Drutz, Assistant Professor of Medicine, UCSF, and Director, Division of Infectious Diseases, San Francisco General Hospital, was invited to present a paper, "The Characteristics of Leprosy Bacteremia" at the Tenth International Leprosy Congress in Bergen, Norway. The August meeting commemorated the 100th anniversary of the discovery of the leprosy baccillis, by the Norwegian scientist, Armauer Hansen. Dr. Drutz's research interest for the past several years has focused on the immunologic basis for susceptibility to leprosy infection.

Appointments

Michael H. Humphreys, M.D., is the new Chief of the Renal Unit at SFGH. Dr. Humphreys, who earned his M.D. at Western Reserve University, has been staff nephrologist at Great Lakes Naval Hospital, Illinois, since 1971.

New members of the faculty of the Department of Medicine at SFGH include Dr. Phillip Hopewell, Assistant Professor of Medicine, UCSF, and Dr. Faith Fitzgerald, Instructor in Medicine, UCSF, and Chairman of the Utilization Review Committee at SFGH. Dr. Hopewell will continue to serve in the Chest Service at SFGH, where he was formerly a Fellow. Dr. Fitzgerald has been the hospital's Chief Resident.

Dr. Robert Aaron, Clinical Instructor of Psychiatry, UCSF, has joined the full-time staff of SFGH as Director of Psychiatric Emergency Services. His activities are centered in the Psychiatric Emergency Ward and the hospital's Emergency Service.

UC Hospitals Auxiliary Board Members

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Fill this out and mail to: UC Hospitals Auxiliary, Moffitt Hospital, UC San Francisco, San Francisco 94143.
NAME_____
ADDRESS_____

Type of membership: Active—$10 per year; Alumni—$10 per year; Volunteer (those active in volunteer service in UC Hospitals)—$2 per year; Student—open to all students and their spouses—$2 a year; Contributing—$25 per year; Sustaining—$50 a year; Patron—$100 a year; Sponsor—$150 or more per year; Life—$500. Membership is tax deductible.

On Campus

LPNI Hospital Administrator

The nation's 7,000 hospitals are run primarily by men—white men. Minorities are barely represented. Aside from members of religious orders who operate hospitals, there are almost no women hospital administrators. The new Administrator at Langley Porter Neuropsychiatric Institute, however, breaks both precedents. Julia Robinson is a black woman.

Mrs. Robinson took office last year, following the resignation of her predecessor, John Lie-Nielsen. She had qualified through competitive examinations as Assistant Hospital Administrator and came to LPNI in July, 1971, assigned to assist Lie-Nielsen in the complex problems arising with the proposed transfer of the Institute from the Department of Health to University of California auspices. When Lie-Nielsen left, she was the natural choice to take over the job.

She is a youthful, pretty woman, utterly feminine in attire and bearing, and her manner and appearance give no hint of the years of struggle and achievement behind her.

Didn't walking into all that responsibility scare her? Mrs. Robinson laughed. "That's the story of my life—I always seem to be biting off more than I am prepared to chew. But I have always believed there is an answer, and I just keep looking till I find it."

She laughs easily, and her slender hands gesture expressively in accompaniment to her speech, conveying the impression of a warm, direct and vital person. To be confronted with big responsibilities was not a new experience for her. She related what had happened when she came to Napa State Hospital in 1962 as assistant to the director of the Department of Dietetics: one month after she arrived, her boss became seriously ill and she had to do his work for the next nine months; this forced her to learn quickly the complexities of food delivery to a large patient population. Eventually, she herself became the official director of the department, remaining in this position until beginning her residency training in hospital administration.

Born in Turrell, Arkansas, one of 15 children (she was number 10), Mrs. Robinson learned early that she would have to struggle to obtain an education. She worked at different jobs while studying in Tuskegee Institute. After graduating she went on to obtain her Masters degree in nutrition at Columbia University and then became a dietician at Bronx Municipal Hospital Center, New York. After her marriage, she decided she wanted to become a teacher and returned to Columbia to take additional courses in education and to obtain her teaching credentials. She then taught home economics and science for three years. She also became the mother of two daughters.

When the job offer came from Napa State Hospital, Mrs. Robinson and her husband decided to accept the new challenge and make the big move to California.

Wasn't it difficult to juggle career and study with marriage and motherhood?

"I've always looked at the possibilities rather than the impossibilities," she said, and her hand made a decisive gesture on the large desk. "A teacher who befriended me and became a mother to me after my own mother's death taught me that, and it has always sustained me."

Julia Robinson, Hospital Administrator for the Langley Porter Neuropsychiatric Institute, which is now part of the University of California, San Francisco.

"But there were always people along the way to help and encourage me," she continued, and spoke warmly of Philip White and Robert Tippins, the hospital administrators during her tenure at Napa State Hospital. It was White who recommended her for a management training course in 1968; there she learned of the new hospital administration residency training program just starting. She was among the first to apply and was the first to complete the program.

Her residency training took her to hospitals and community mental health programs in Los Angeles, Sacramento, and San Francisco. Her expertise in dispensing hospital food services had already made her knowledgeable about hospital administrative matters. While still on the job at Napa, she attended Hayward State University evening classes, and last April she completed her work for a Masters degree in public administration.

Mrs. Robinson is responsible to Dr. Alexander Simon, Professor and Chairman of the Department of Psychiatry and Director of the Langley Porter Neuropsychiatric Institute. She is in charge of the administration of all non-medical services and programs and participates in the formulation of overall policies of the Institute, which provides psychiatric patient care (600 hospital admissions and 25,000 outpatient visits per year), trains psychiatric physicians, medical students and allied mental health personnel, and conducts research in mental health, mental illness, psychophysiology and the psychological, sociological, and cultural aspects of human behavior.

Says Dr. Simon: "Mrs. Robinson is a top notch hospital administrator, quietly effective but tough and determined when the situation demands this and always patient, sincere, and interested. I am proud to have her as a colleague."

Mrs. Robinson lives in El Cerrito with her husband, Russell, and daughters Denise, 15, and Lisa, 11.

Joan Spiegelhalter

Personnel Notes

Open enrollment period for all insurance programs for eligible employees at UCSF will be from November 1-22, 1973. Any changes made during the open enrollment period will become effective January 1, 1974.

Short Term Disability Insurance is an important addition this year. You may enroll during November without a statement of health. The insurance coverage becomes effective April 1, 1974, with limitations on pre-existing conditions.

Detailed information concerning coverage and rates, and Form 1630 to enroll in any plans you select, are obtainable in your Department office. Deadline for enrollment is November 22, 1973.

Don't forget to dial 4636—INFO—to hear daily bulletins about personnel matters and campus activities. This service, which was started August 6th, has brought enthusiastic comments to the Personnel Office. Suggestions about content for future recordings are welcomed. Call extension 4100.

Self-Service Mailing

A red, white, and blue kiosk-like structure in the center of the new Clinics building plaza is really a miniature post office. The unit facilitates personal mail service and does not duplicate or supplement the Campus Mailing Division activities.

The new self-service post office offers the following services twenty-four hours a day, seven days a week:

Mail drops.

Vending machines for the sale of stamps (both singles and books), post cards, envelopes, and parcel post insurance.

Package mailing, including scales and a rate map.

Dollar bill and coin changers.

Zip code directory.

A direct telephone line to a U.S. Post Office substation for use in obtaining additional postal information.

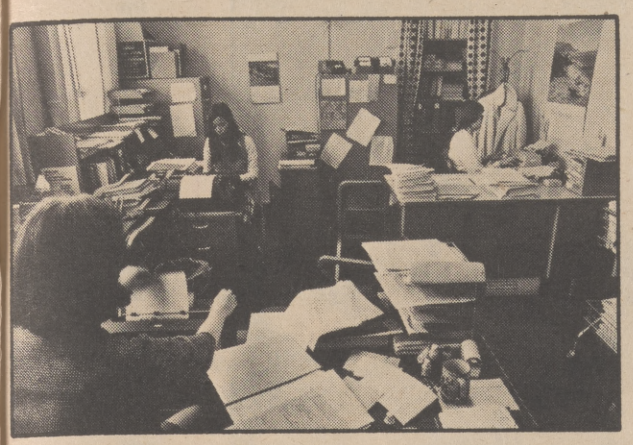
Automatic Folding and Stuffing

An automatic folding and stuffing device is now available at the UCSF Addressing Section of the Mailing Division, Room 101, 1466 Fourth Avenue. New equipment makes it possible to offer "same-day service" for all standard sizes and weights of paper. Delivery of completed work can be made directly to the U.S. Postal Service or to the campus mail.

Further information may be obtained by telephoning Mary Collier at extension 2420. Demonstrations can be arranged.

To Call the Chaplain

The Chaplain's Department and Office of Clinical Pastoral Education at UCSF is now located at 1343 3rd Avenue. Telephone numbers remain the same, 666-2961 and 666-2963.



The Academic Senate office, which for many years was crowded into a former two-bed, patients room on the fifth floor of UC Hospital has been given space in the Science building. Ms. Kathy Schmidt, 3 secretaries, and their innumerable filing cabinets are now located in Room 119 S. Telephone extension remains the same. The Academic Senate staff are pleased with the new quarters and as they express it . . . "We no longer must back into and out of the office. There is space enough in the center of the room to turn around."

Housing Needed

The Housing Office at UCSF is seeking the community's cooperation in making available rental units. Students in the Schools of Dentistry, Medicine, Nursing, Pharmacy, and the other allied health sciences are seeking reasonable rentals in the vicinity of UCSF or close to public transportation.

Students' needs for housing vary. Private rooms in family homes, apartments, flats or houses are sought by the Housing Office. Married students with children need moderate rentals to fit their needs.

Property owners or landlords having any type of rental unit available may list it with the UCSF Housing Office by calling 666-2231 between 9 a.m. and 9 p.m., weekdays, and from 10 a.m. to 6 p.m. weekends. All listings must abide by the University's non-discrimination policy. There is no charge for the listing service.

Honors

J. Englebert Dunphy, M.D., Chairman of the Department of Surgery, has been named President-elect of the Harvard Medical Alumni Association.

Eileen B. King, M.D., Associate Clinical Professor of Pathology, has been appointed to the National Cancer Institute to serve as a member of the Cancer Control Planning Conference in Bethesda.

Daniel T. Lau, DVM., was recently certified as a Diplomate by the American College of Laboratory Animal Medicine. A native of Hong Kong, Dr. Lau received his DVM from UC in 1967. He is a comparative pathologist in the UCSF Animal Care Facility.

Bertram M. Meyer, M.D., has been named Medical Director of Everyman's Free Medical Clinic in San Francisco. Dr. Meyer is Assistant Clinical Professor of Medicine.

Harvey Patt, M.D., Director, Laboratory of Radiobiology, has been appointed a member of the Cancer Specialty Program Advisory Committee, National Cancer Institute.

Hilde S. Schlesinger, M.D., and *Kathryn P. Meadow, Ph.D.,* have received honorable mention awards for their book, *Sound and Sign: Childhood Deafness and Mental Health,* in the 1973 National Media Awards competition. Dr. Schlesinger is Assistant Clinical Professor of Psychiatry and Dr. Meadow is a Lecturer in Psychiatry; they are co-directors of LPNI's Mental Health Services for the Deaf.

Edward B. Shaw, M.D., Professor of Pediatrics, Emeritus has received the Jacobi Award, Pediatric Section Council of the AMA.

Alan L. Smith, M.D., Assistant Clinical Professor of Anesthesiology, has won the Alan S. Wright Award of the American Heart Association.

David E. Smith, M.D., Assistant Clinical Professor of Clinical Toxicology, is President of Youth Projects and Medical Director, Haight-Ashbury Free Medical Clinic.

Hulda E. Thelander, M.D., Clinical Professor of Pediatrics, Emeritus is an Honorary Life Member of the American Swedish Museum, Philadelphia.

Gordon Tomkins, M.D., Professor of Biochemistry and Biophysics, spoke before the 13th International Congress of Genetics, held on the Berkeley campus recently. Other UCSF speakers included Dr. Robert Painter and Dr. James Cleaver, Laboratory of Radiobiology; and Dr. Brian McCarthy, Department of Biochemistry.

Appointed

NEW DEPARTMENTAL CHAIRMEN as of July 1, 1973

School of Medicine

Department of Anatomy

Henry J. Ralston, III, M.D., Professor of Anatomy, formerly at the University of Wisconsin, succeeds acting chairman Dr. Jack Degroot.

Department of Pharmacology

E. Leong Way, Ph.D., Professor of Pharmacology. Former chairman was Dr. Robert M. Featherstone who is presently on sabbatical.

Department of Obstetrics and Gynecology

On January 1, 1974, Robert B. Jaffee, M.D., Professor of Obstetrics & Gynecology from the University of Michigan, will become chairman. Alan J. Margolis, M.D., is currently acting chairman.

photos by Tom Walters

School of Nursing

Department of Social & Behavioral Sciences

Virginia Olesen, Ph.D., Professor of Sociology.

Department of Family Health Nursing

Betty L. Highley, B.S., M.S., Associate Professor of Nursing, who was acting chairman last year.

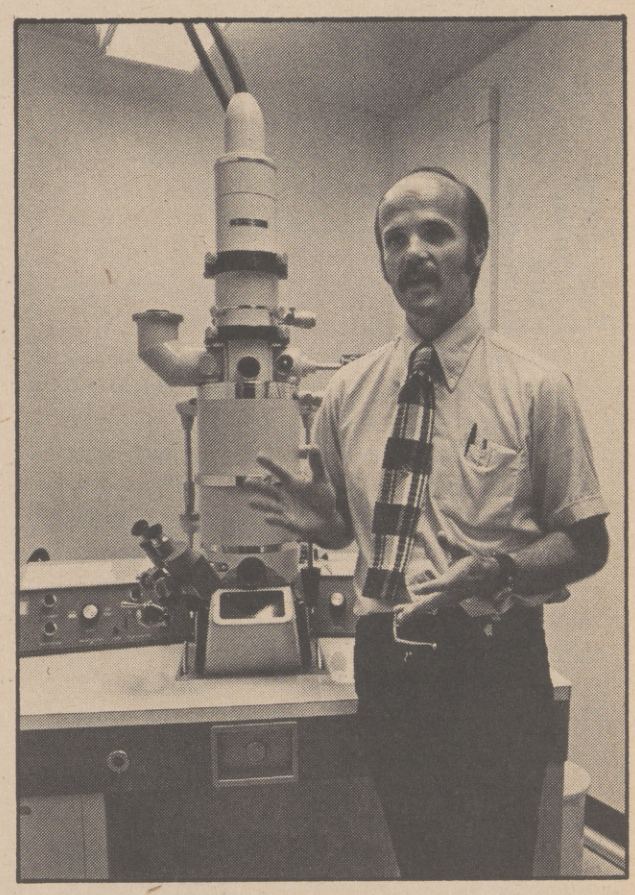
Department of Mental Health and Community Nursing

Acting chairman is Anna Shannon, R.N., D.N.S., Assistant Professor of Nursing.

Department of Nursing in Biological Dysfunction

Acting chairman is June C. Abbey, M.S., Assistant Professor of Nursing.

Ms. Betty Highley, newly appointed chairman of the School of Nursing's Department of Family Health Care Nursing.



Dr. Henry Ralston III, arrived recently at UCSF to assume responsibilities as Chairman of the Department of Anatomy, School of Medicine. Modern anatomy, he explained has developed into areas which require use of a transmitting electron microscope such as the one he is shown demonstrating.

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Inside

Giving to others can be rewarding to both the giver and the receiver. Four organizations at UCSF help patients, students, and newcomers to the UCSF Medical Center. 1

The playroom in the pediatric service at Moffitt Hospital serves a dual function as part of a new parent program. During the day it is filled with toys and children and at night it serves as a dormitory. 4

A new test for breast cancer developed at UCSF takes only five minutes. It may be one of the best investments of time a woman can make. 6

Color is more than a decorative factor in hospitals. It serves as a guide to safety. 10

A new unit in the Trauma Service at San Francisco General Hospital adds another community resource for victims of fire. 12

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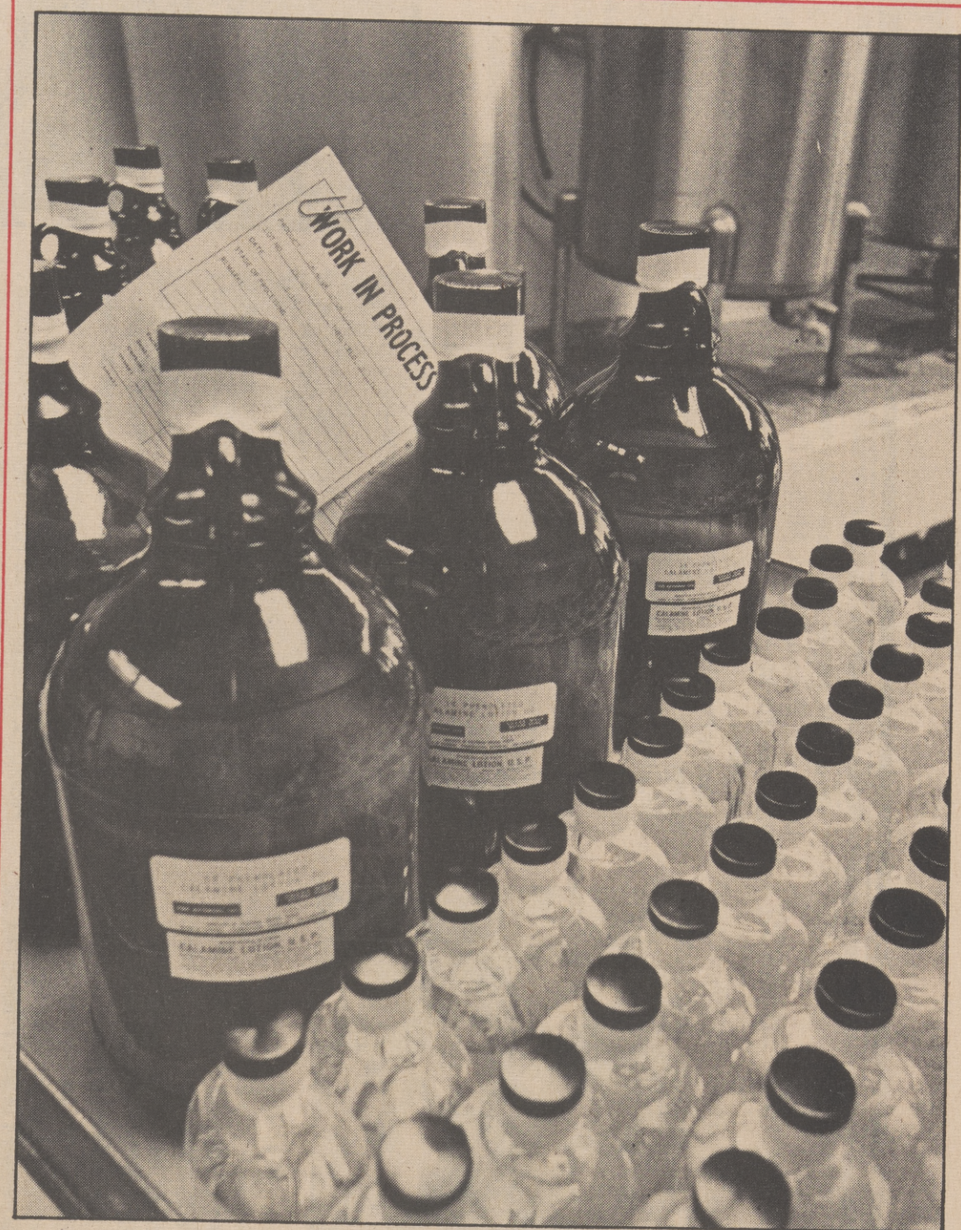

Pharmaceutical Technology Laboratory (page 8)